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FAX COVER SHEET

DATE: December 21, 2004

PAGES (INCLUDING COVER): 11

TO: Mail Stop: MISSING PARTS
Commissioner for Patents

FAX: 703-746-4060

FROM: Sonali S. Srivastava
Reg. No. 52,248

Please see attached Transmittal Form for the following Patent Application:

In re Application of : Rohit SRIVASTAVA.
Application No. : 10/711,703
Filed : September 30, 2004
For : VALVE IMPLANTING DEVICE
Examiner : N/A
Group Art Unit : 3738
Docket No. : 060493-0001

RECEIVED
DEC 22 2004
OIPE/JCWS

This transmission is in response to a Notice of Incomplete Reply for the above-identified application.

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LaFollette Godfrey & Kahn is an office of Godfrey & Kahn, S.C.



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/711,703	
	Filing Date	9/30/2004	
	First Named Inventor	Rohit Srivastava	
	Art Unit	3738	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	10	Attorney Docket Number	060423-0001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Copy of Fee Transmittal dated 11/19/04 - USPTO Deposit Account Statement for Account 07-1509
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Name or Individual name	S. Srivastava, Registration No. 52,248	
Signature		
Date	12/21/04	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Luanne M. Connor	
Signature		Date 12/21/04

This collection of information is required by 37 CFR 1.5. The information is required to inform or obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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O I P E

DEC 21 2004

PATENT & TRADEMARK OFFICE

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006 OMD 9651.0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/711,703
Filing Date	September 30, 2004
First Named Inventor	Rohit SRIVASTAVA
Examiner Name	N/A
Art Unit	3738
Attorney Docket No.	060493-0001

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number 07-1509 Deposit Account Name: Godfrey & Kahn, S.C.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 52,248	Telephone 608-284-2613
Name (Print/Type)	Sonali S. Srivastava	Date	12/21/04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Atty. Docket No. 060493-0001

Pat. Appl. Ser. No. 10/711,703



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Rohit SRIVASTAVA.
Application No. : 10/711,703
Filed : September 30, 2004
For : VALVE IMPLANTING DEVICE
Examiner : N/A
Group Art Unit : 3738
Docket No. : 060493-0001

Mail Stop MISSING PARTS
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Washington, D.C. 20231

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being facsimile transmitted to
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on 12/21/04

By:

Name: Luanne M. Connor

RESPONSE TO

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

In response to the Notice of Incomplete Reply dated November 22, 2004, enclosed is:

- (1) Fee Transmittal form which was submitted with our Reply to Notice to File Missing Parts on November 19, 2004, authorizing the USPTO to charge \$65.00 to our Deposit Account 07-1509 for late declaration fees; and
- (2) a copy of our Deposit Account Statement indicating that the USPTO has in fact charged \$65.00 for Application Serial No. 10/711,703, Docket No. 060493-0001.

Atty. Docket No. 060439-0001

Pat. Appl. Ser. No.10/711,703

Accordingly, Applicant believes that the Notice of Incomplete Reply has been sent in error and requests confirmation that the Response to Notice of Missing Parts has been timely filed and correctly submitted.

Furthermore, Applicant has authorized the payment of any late fees, as deemed necessary, in the attached Fee Transmittal document.

The Office is urged to telephone the undersigned in the event a telephone conference would expedite processing of the application.

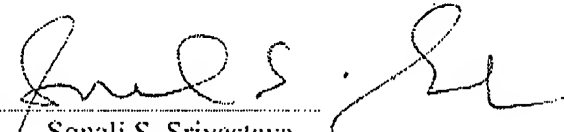
Respectfully submitted,

GODFREY & KAHN, S.C.

Dated: 12/21/04

Attorneys for Applicant
GODFREY & KAHN, S.C.
780 North Water Street
Milwaukee, WI 53202-3590
Telephone: 414-273-3500
Facsimile: 414-273-5198

By:


Sonali S. Srivastava
Reg. No. 52,248

MN226313 1.DOC



United States
Patent and
Trademark Office



Deposit Account Statement

Requested Statement Month: November 2004
 Deposit Account Number: 071509
 Name: GODFREY & KAHN S.C.
 Attention: ACCOUNTING DEPT
 Address: 780 N WATER STREET
 City: MILWAUKEE
 State: WI
 Zip: 53202

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
11/01	646	1896966		7205	\$100.00	\$9,62
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START	SUM OF	SUM OF	END
BALANCE	CHARGES	REPLENISH	BALANCE
\$9,723.00	\$24,261.00	\$20,323.00	\$5,785.00

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/711,703	09/30/2004	Rohit Srivastava	060493-0001

20572
 GODFREY & KAHN S.C.
 780 NORTH WATER STREET
 MILWAUKEE, WI 53202

CONFIRMATION NO. 5702

FORMALITIES LETTER



0C000000014431300

Date Mailed: 11/22/2004



NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on 11/19/2004 to the Notice to File Missing Parts (Notice) mailed 10/26/2004 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain **EXTENSIONS OF TIME** under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent **ABANDONMENT** of the above-identified application. Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

- Late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 was not received.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$65 for a Small Entity

- \$65 Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

A copy of this notice MUST be returned with the reply.

H. E. Jager

10711703

12/23/2004 WABDELRI 00000013 071509

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01 FC:2051

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Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY